

7315

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

Nov. 14, 1942

State File No. \_\_\_\_\_

Registrar's No. 856

1. Place of Death: (a) County Maricopa (b) City or Town Phoenix (c) Location Mortimer B. Home  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution 6 mos.; In Community 44 years; in Arizona 44 years  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Maricopa; (c) City or Town Phoenix  
(If outside city limits also write RURAL)

(d) Street No. Hushow Road (e) Citizen of foreign country (yes or No) \_\_\_\_\_  
If Yes, which country \_\_\_\_\_ (If NONE write the word)

3. (a) FULL NAME James A. Black (b) If Veteran name war \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Sex M 5. Color or Race White 6. (a) Single, married, widowed or divorced Widower

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased (Month) 1867 (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

8. AGE: Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace (City, town or county) Tenn (State or Country) \_\_\_\_\_

10. Usual Occupation Tanner

11. Industry or Business same

12. Name John Black

13. Birthplace (City, town or county) Tenn (State or Country) \_\_\_\_\_

14. Maiden Name Martha Tagel

15. Birthplace (City, town or county) Tenn (State or Country) \_\_\_\_\_

16. (a) Informant's own signature James Black

(b) Address Phoenix

17. (a) Burial, Cremation or Removal Buried  
Phoenix (b) Date 11/14/42

18. (a) Embalmer's Signature James Black

(b) Funeral Director Mortimer B. Home

(c) Address Phoenix

19. (a) \_\_\_\_\_ (Date received local Registrar) JUN 20 1942

(b) C. J. Hughes (Registrar's Signature)

20M 100% Reg. 9-19-41

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) 6-6-42; TIME (Hour and minute) 8 AM M.

21. I hereby certify that I attended the deceased from 6-1 1942 to 6-6 1942

that I last saw him alive on 6-1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac

Due to Cardiac renal disease

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? (City or Town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature C. J. Hughes M. D.

Address 218 Grand Ave Date signed 6-15-42